Case 1:03-cr-10396-NG U.S. Department of Justice Document 33 United States Marshals Service

PLAINTIFF UNITED ST	ATES OF AMERIC		COURT CASE NUMBER CR No. 03-10396-NG								
DEFENDANT KAM WAI	CHUI					*	TYPE OF PROCESS Preliminary Order of Forfeiture				
SERVE • AT	name of individual, all funds credited Chang								ne of Daniel		
	ADDRESS (Street or RFD,	Apartment No., City, Sta	te, and ZIP C	ode)			•		1		
SEND NOTICE	OF SERVICE TO REQUI	ESTER AT NAME A	ND ADDRI	ESS BELOW:		Number of prowith this Form	ocess to be served	20	Ø		
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210 Check for service on U.S.A.											
Please seize a Order of Fort	RUCTIONS OR OTHER I ers, and Estimated Times and maintain custody reiture and applicable	Available For Service and control of the)		ank account is		i.	S			
	rney or other Originator n	equesting service on b	ehalf of:		PLAINTIFF DEFENDANT	TELEPHON (617) 748-3	NE NUMBER	DATI Marci	3 a 15, 2005		
	SPACE BELOW F	OR USE OF U.S	. MARSI	HAL ONLY	Y - DO NOT	WRITE B	ELOW THIS	LINE			
I acknowledge rece number of process (Sign only first USA one USM 285 is sua	ipt for the total indicated. 4 285 if more than omitted) Total P	Process District of C	-	istrict to Serve o. 38	Signature of A	uthorized USMS	Deputy or Clerk		3/24/05-		
I hereby certify the individual, co	and return that I have pumpany, corporation, etc.	personally served, [2] at the address shown a	have legal en bove or on	vidence of serv the individual,	rice, have execompany, corpo	cuted as show ration, etc., sh	n in "Remarks", lown at the addres	the proc	ess described on ed below.		
☐ I hereby certify	and return that I am unable	to locate the individual, o	company, corp	poration, etc., na	med above (See re	marks below).					
Name and title of in	ndividual served (If not shown	above).					person of suitable esiding in the defend				
Address (complete	only if different than shown al	hove)				Date of Se	of U.S. Marshal or	Time	am pm		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Char	ges	Advance Deposits	Amount O	wed to US Marshal	or A	mount or Refund		
REMARKS:	\$101.91 re Deposited			itizens Molding		wit.			5)		

PLAINTIFF UNITED STA	ATES OF AMERIC	'A										
DEFENDANT KAM WAI	СНИ								•			
SERVE AT	all funds credite	d to Citizens'										
	ADDRESS (Street or RFD,	Apartment No., City, St.	te, and Z	IP;Code)		,						
SEND NOTICE	OF SERVICE TO REQU	ESTER AT NAME A	ND AD	DRESS BELOV	V:	Number of privite with this Form	ocess to be served		(c)			
United States Attorney's Office in this case									,			
DEFENDANT KAM WAI CHUI TYPE OF PROCESS Preliminary Order of Forfeiture NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEZE OR CONDEM AT AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEZE OR CONDEM AT In under of process or property to SEZE OR CONDEM ADDRESS (Size et or RFD, Apartment No., City, State, and ZIP, Code) SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Kristina E. Barclay, Assistant U.S. Antorney United States Autoriney's Office John Joneyin Moskley, United States Courthouse Boston, MA. 02210; Un												
SPECIAL INSTE Telephone Numb	RUCTIONS OR OTHER I ers, and Estimated Times	INFORMATION THA Available For Service	AT WILI :)	L ASSIST IN E	XPEDITING SER	VICE (Include	Business and Alte	ernate A				
Please seize a Order of Forf	nd maintain custody eiture and applicable	and control of the law.	e above	e-referenced	bank account i	n accordanc	e with the atta	ached	Preliminary			
CATS No. 04	-USP-000904				75.	LJT x3283	***					
Signature of Atto	rney or other Originator r	equesting service on t	ehalf of									
	SPACE BELOW F	OR USE OF U.S	. MAI					L				
I acknowledge recenumber of process i	pt for the total Total P	rocess District of	Origin	District to Serv			·		Date			
I hereby certify a the individual, co	and return that I have I mpany, corporation, etc.	personally served, at the address shown a	have lega	al evidence of so on the individua	ervice, \Box have exeal, company, corpo	ecuted as show ration, etc., sh	n in "Remarks", i	the proc	ess described on ed below.			
☐ I hereby certify	and return that I am unable	to locate the individual,	company,	corporation, etc.,	named above (See re	marks below).						
Name and title of in	dividual served (If not shown	above).		**								
Address (complete o	only if different than shown at	oove)				Date of Se	rvice 165	Time				
						Signature of	of U.S. Marshat of I	Peputy				
Service Fee		Forwarding Fee	Total C	Charges	Advance Deposits	Amount O	wed to US Marshal	or A	mount or Refund			
REMARKS:	\$2,268 Depo	a.07 re filed in	Cerve	the from	m Citiz Molding	ers B Aecoun	ank-		6)			

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

PLAINTIFF UNITED ST	ATES OF AMERIC	EA					COURT CASE N CR No. 03-1				
DEFENDANT KAM WA	I CHUI						TYPE OF PROCESS Preliminary Order of Forfeiture				
SERVE AT	name of individual, all funds credite Wai Chui										
ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)											
SEND NOTICE	OF SERVICE TO REQU	ESTER AT NAME A	ND ADDR	ESS BELOW:	,	Number of pri with this Form	ocess to be served	(iiiii)	1		
U	ristina E. Barclay, Assista nited States Attorney's Off	Number of pa in this case	Number of parties to be served in this case								
1	hn Joseph Moakley United Courthouse Way, Suite 92 oston, MA 02210	Check for ser	vice on U _i S.A.	**************************************	C 2						
SPECIAL INSTI	RUCTIONS OR OTHER bers, and Estimated Times	INFORMATION THA Available For Service	— — — AT WILL A	SSIST IN EXP	EDITING SER	VICE (Include	Business and Alte	ernate A	ddress, All		
Please seize a Order of For	and maintain custody feiture and applicable	and control of the	e above-r	eferenced ba	ink account is	n accordanc	e with the atta	ached	Preliminary		
CATS No. 04	4-USP-000907					LJT x3283			7.0		
Signature of Atto	orney or other Originator	equesting service on b	ehalf of:		PLAINTIFF		ΓΕLΕΡΗΟΝΕ NUMBER DATE (617) 748-3100 March 15, 2005				
	SPACE BELOW F	OR USE OF U.S	. MARS		Z - DO NOT			<u></u>			
I acknowledge rece number of process (Sign only first USI one USM 285 is sun	ipt for the total Total I		Origin D	vistrict to Serve			Deputy or Clerk		Date 3/24/05		
I hereby certify the individual, co	and return that I \(\simega\) have ompany, corporation, etc.	personally served, at the address shown a	have legal e bove or on	vidence of serv the individual,	ice, have execompany, corpo	ecuted as show ration, etc., sh	n in "Remarks", nown at the address	the process insert	cess described on red below.		
☐ I hereby certify	y and return that I am unable	to locate the individual,	company, cor	poration, etc., na	med above (See re	marks below).					
Name and title of it	ndividual served (If not shown	above).	-				person of suitable a esiding in the defend				
Address (complete	only if different than shown a	bove)	<u> </u>			Date of Se	(Xice)	Time	am pm		
						Signature of	of U.S. Marshal of I	Deputy	19		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Char	ges A	dvance Deposits	Amount O	wedao US Marshat	or A	mount or Refund		
REMARKS:	Account M	of locate	o/.						7		
PRIOR EDITIONS BE USED	MAY	1. CI	LERK O	F THE CO	URT		FORM	USM 2	85 (Rev. 12/15/80)		

PLAINTIFF UNITED STA	ATES OF AMERIC	A					COURT CASE N CR No. 03-1					
DEFENDANT KAM WAI	СНИ				:		TYPE OF PROCE		Preliminary eiture			
SERVE	NAME OF INDIVIDUAL,	COMPANY, CORPORA	TION, E	ETC. TO SERVE	OR DESCRIPTION	OF PROPERTY	PROPERTY TO SEIZE OR CONDEMN					
AT	all funds credited Wai Chui	d to Citizens' I	2, held in the name of Kam									
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)											
SEND NOTICE	OF SERVICE TO REQUI	ESTER AT NAME A	ND AD	DRESS BELOV	V:	Number of pr with this Fort	ocess to be served n - 285					
Kr Un	Number of pa in this case	urties to Deserved	5	5								
1 (Bo	nn Joseph Moakley United Courthouse Way, Suite 920 ston, MA 02210	States Courtnouse				Check for ser	vice on U.S.A.					
SPECIAL INSTE Telephone Numb	RUCTIONS OR OTHER I	NFORMATION THA Available For Service	T WILI	L ASSIST IN E	XPEDITING SER	VICE (Include	Business and Alte	ernate .	Address, All			
Please seize a Order of Forf available for	nd maintain custody eiture and applicable forfeiture.	and control of the law. Please be a	above advise	e-referenced d that this a	bank account account has be	in accordance closed and	ce with the atta	iched re cu	Preliminary rrently			
— WA					-	T						
Signature of Atto	rney or other Originator re	equesting service on be	ehalf of		☑ PLAINTIFF		ELEPHONE NUMBER DATE 17) 748-3100 March 15.					
					□ DEFENDANT		·					
	SPACE BELOW F	QR USE OF U.S	. MAI	RSHAL ON	LY - DO NOT	WRITE B	ELOW THIS	LIN	<u>E</u>			
I acknowledge receinumber of process i (Sign only first USM one USM 285 is sub	ndicated.	rocess District of C	Origin	District to Serv	e Signature of A	Authorized USMS	Deputy or Clerk	<u>-</u> '	3/24/05			
I hereby certify a the individual, co	and return that I have p	personally served, D lat the address shown a	have lega	al evidence of s on the individu	ervice, \square have exal, company, corp	secuted as show oration, etc., sh	n in "Remarks", nown at the address	the pro	ocess described on rted below.			
I hereby certify	and return that I am unable	to locate the individual, c	ompany,	corporation, etc.,	, паmed above (See r	emarks below).						
Name and title of in	dividual served (If not shown	above).				☐ A	A person of suitable a esiding in the defend	age and lant's u	discretion then sual place of abode.			
Address (complete o	only if different than shown ab	ove)			·	Date of Se	rvice \$/05	Time	am pm			
						Signature	of U.S. Marshal or I	eputy	'h			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total C	Charges	Advance Deposits	Amount O	wed to US Marshal	or	Amount or Refund			
REMARKS:	No finds					1			(8)			
PRIOR EDITIONS	MAY	1 CI	EDK	OF THE C	OURT		EODA	TICRE	285 (Par. 12/15/80)			

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PLAINTIFF UNITED ST.	ATES OF AM	ERIC	A							COURT CASE N CR No. 03-1			
DEFENDANT KAM WA	CHUI					.:				Order of 1		Preliminary eiture	
SERVE	NAME OF INDIV	/IDUAL,	COMPANY,	CORPORAT	ΓΙΟΝ, ET	C. TO SERVE	OR D	ESCRIPTION (OF PROPERT	TY TO SEIZE OR CO	NDEM	V	
SERVE	l	all funds credited to Citizens' Bank account number XXX-XXX-4324, held in the name of Kam Wai Chui											
AT	ADDRESS (Street	or RED	Anartment No	o City State	and 7IP	Code)	-	<u> </u>			<u> </u>	* 7.1	
	ADDICESS (SIFEE)	. Of Ri D,	ripursment re	,, en, mac	., 21						!		
SEND NOTICE	OF SERVICE TO	REQUI	ESTER AT	NAME AN	ID ADD	RESS BELO	W:		Number of with this F	process to be served orm - 285			
Kı	ristina E. Barclay, nited States Attorn	Assistan	t U.S. Atto	rney					Number of in this case	parties to be served	5	.5	
Jo 1	hn Joseph Moakle Courthouse Way, oston, MA 02210	y United Suite 920	States Cour	rthouse					Check for	service on U.S.A.			
SPECIAL INSTITUTE Telephone Number	RUCTIONS OR Coers, and Estimate	OTHER I	NFORMAT Available F	TION THAT or Service)	r will	ASSIST IN I	EXPE	DITING SERV	VICE (Inclu	de Business and Alt	ernate .	Address, All	
	ınd maintain c feiture and app			ol of the	above-	referenced	l ban	k account is	n accorda	ince with the att	ached	Preliminary	
CATS No. 04	4-USP-000906								LJT x328	83			
Signature of Atto	orney or other Ori	ginator re	equesting se	ervice on bel	half of :		⊠ PI	AINTIFF		ONE NUMBER	DAT		
- K.C								EFENDANT	(617) 748		_	ch 15, 2005	
····	SPACE BEL	OW F								BELOW THIS	LIN	<u>E</u>	
I acknowledge rece number of process (Sign only first US) one USM 285 is sur	ript for the total Total Pro indicated.						1 11 11			MS Deputy or Clerk	3/24/15		
one USM 285 is su	bmitted)	No		No. <u>38</u>		No. <u>38</u>		mang	141	1119		3/3//10	
I hereby certify the individual, co	and return that I ompany, corporati	have pon, etc. a	personally se at the addres	erved, \Box has shown ab	ave legal oove or o	evidence of n the individu	servic ual, co	e, have exe ompany, corpo	ecuted as she ration, etc.,	own in "Remarks", shown at the addre	the pro	ocess described on red below.	
☐ I hereby certify	y and return that I a	unable	to locate the	individual, co	отрапу, с	orporation, etc.	., name	ed above (See re	marks below)				
Name and title of in	ndividual served (If	not shown	above).							A person of suitable residing in the defen			
Address (complete	only if different than	shown at	oove)						Date of	Service 8 05	Time	e an	
									Signatu	re of U.S. Marshafor	Deputy		
Service Fee	Total Mileage C (including ended	Tharges avors)	Forwarding	g Fee	Total Ch	narges	Ad	vance Deposits	Amoun	t Owen to US Marshal	or	Amount or Refund	
REMARKS:	Account	- Ni	of 10	cate	k t	ry C	h	iers L	Sank		(9	
PRIOR EDITIONS	SMAY			1. CL	ERK (OF THE C	COU	RT		FORM	USM	285 (Rev. 12/15/80	